

Name  
in  
Full

Hannah Broddy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Colored		Cecil Co			
Occupation	Where Residing if not at place of death						
Married, Single <input checked="" type="checkbox"/> Widowed	Widow	Name of Wife or Husband	Joseph Broddy		Rowlandsville Md		
Father's Name	Chas Smith		Father's Birthplace		Cecil Co Md		
Mother's Maiden Name	Phoebe Harris		Mother's Birthplace		Cecil Co		
Name of person giving information	Janine Rice		How related to deceased		Don't Know		

CAUSES OF DEATH

78

How long

2 weeks

How long

PHYSICIAN  
OR CORONER

Primary

Acute Myocarditis

Immediate

Gradual Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

E. Shouland

Address

Liberty Grove  
Md

Q

Accident or Suicide?

Mar 12

Name  
in  
Full

Frances C Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County MARYLAND

Died at Perryville	Month Oct	Day 27	Years 31	Months	Days
Date of death 1908	Color or Race white	Age	Birth-place Cecil Co		
Sax Female	Where Residing if not at place of death				
Occupation Housewife					
Married, Single or Widowed married	Name of Wife or Husband Geo Boyd	Father's Name Alexander Craig	Father's Birthplace Cecil Co		
Mother's Maiden Name Rebecca Cooling			Mother's Birthplace " "		
Name of person giving Information Geo Boyd			How related to deceased Husband		

CAUSES OF DEATH

Primary

Scarlet Fever.

7

How long

How long

Immediata

Are the name, age, sex, color, date and place correctly given above?

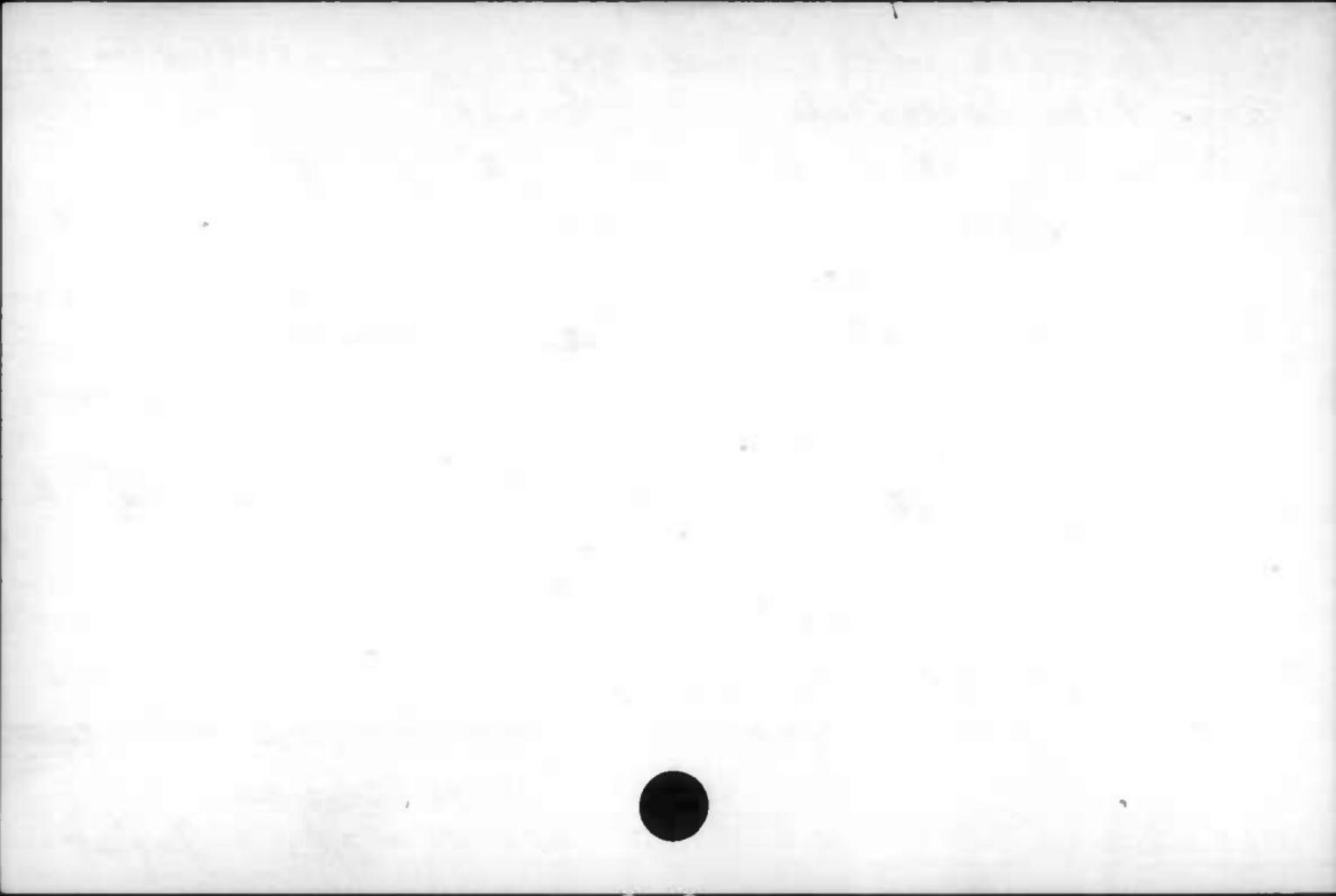
Signature of Physician

Address

Dr. W. Henry  
Perryville Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Annie M. Cain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Earleville</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>27</u>	Years <u>70</u>	Months <u>x</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birthplace <u>Md</u>			
Occupation <u>Servant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husbnd <u>Isaac Cain</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>				
Name of person giving Information <u>Isaac Cain</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

177

How long

one year  
, or 2 days

Primary

Dropsy

Immediate

Heart. Trouble

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

no Dr in attendance  
J H Black.  
Sub Regist.

PHYSICIAN  
OR CORONER

Accident or Suicide

0-70-10-1b

Name  
in  
Full

William H. Coulson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Oct	14	—	2	14
Sex	Male	Color or Race	white	Birth-place	North East Md
Occupation	None (Infant)	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	North East Md	
Father's Name	Eli Coulson Jr			Father's Birthplace	Eden Co Md
Mother's Maiden Name	Fannie M Rambo			Mother's Birthplace	North East Md
Name of person giving information	Eli Coulson Jr			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Leprosy

151

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

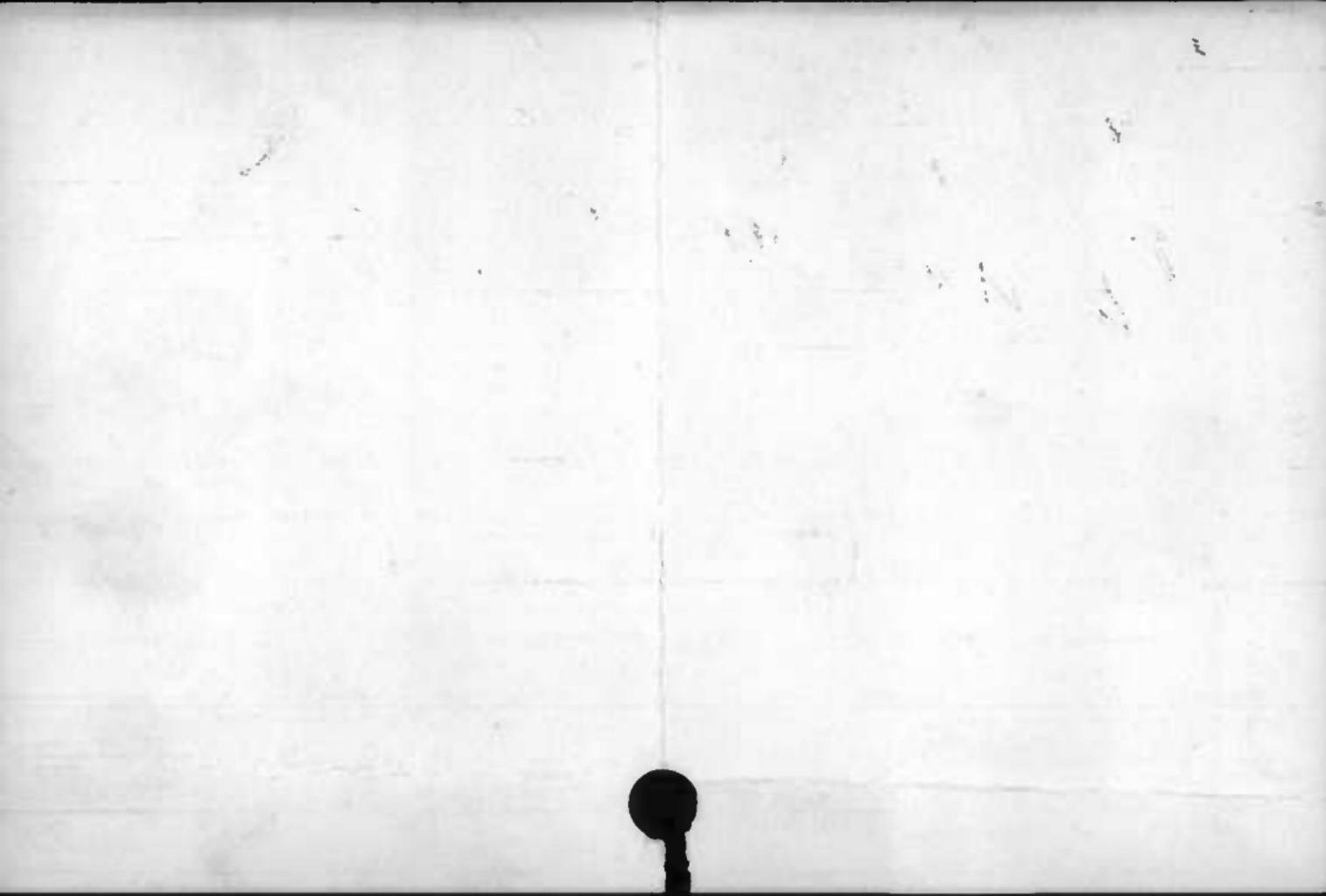
yes

Signature of Physician

Address

B. H. Coulson Jr.  
North East

Accident or Suicide?



Name  
in  
Full

Elizabeth Groover, Constable

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1908	Month Oct	Day 5	Year 64	Months	Days
Sex Female	Color or Race White	Birth-place MD			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widow	Name of Wife or Husband Albert Constable	Father's Name John Groover	Father's Birthplace MD		
Mother's Maiden Name Elizabeth Blagke	Mother's Birthplace Del	Name of person giving Information Albert Constable	How related to deceased Son		

CAUSES OF DEATH

Primary Pernicious Anemia

Immediate Anemic Dementia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

54

How long

a year and a few days

Short Jan 28th -

6

Accident or Suicide



Name  
in  
Full

Perry R. Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Oct	Day 17	Years 27	Month 1	Days 17
Sex Female	Color or Race white	Birth-place Maryland			
Occupation Housewife	Where Residing if not at place of death North East Md				
Married, Single or Widowed Married	Name of Wife or Husband Lillian Crouch	Father's Birthplace Md.			
Father's Name William Phillips	Mother's Birthplace Md.				
Mother's Maiden Name May B Phillips	How related to deceased Brother-in-Law				
Name of person giving Information W. McDaniel					

CAUSES OF DEATH

1

How long

2 week

Primary

Typhoid Fever

How long

Immediate

Immediate

Dilation of heart

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

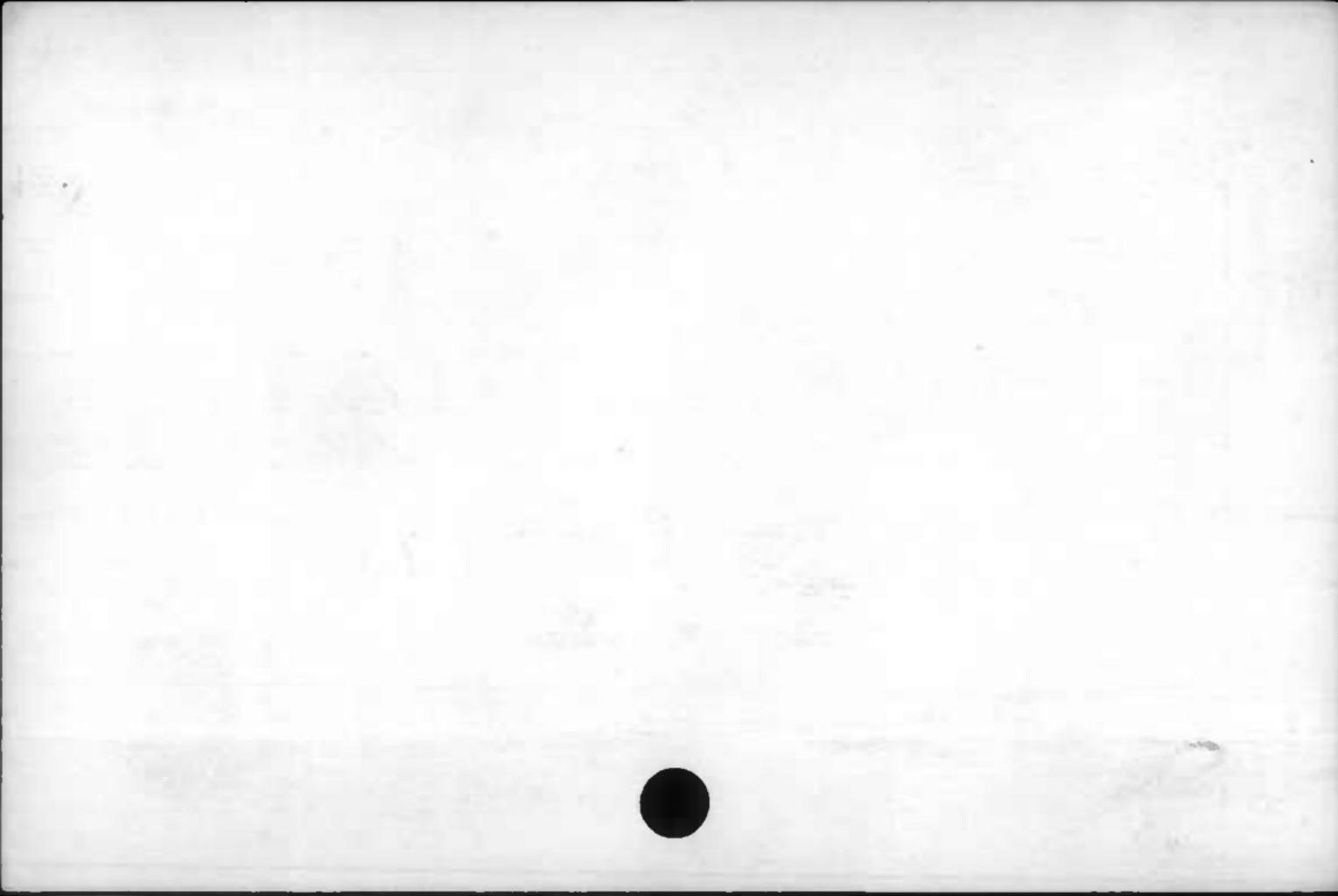
Address

yes

L. Hammock  
North East  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Year	Months	Days
Sex	Male	Color or Race	Birthplace			
Occupation	Where Residing if not st place of death					
Married, Single or Widowed	Name of Wife or Husbnd		Father's Birthplace			
Father's Name	Mother's Birthplace					
Mother's Maiden Name						
Name of person giving Information					How related to deceased	

## CAUSES OF DEATH

Primary

Apoplexy

64

How long

Immediate

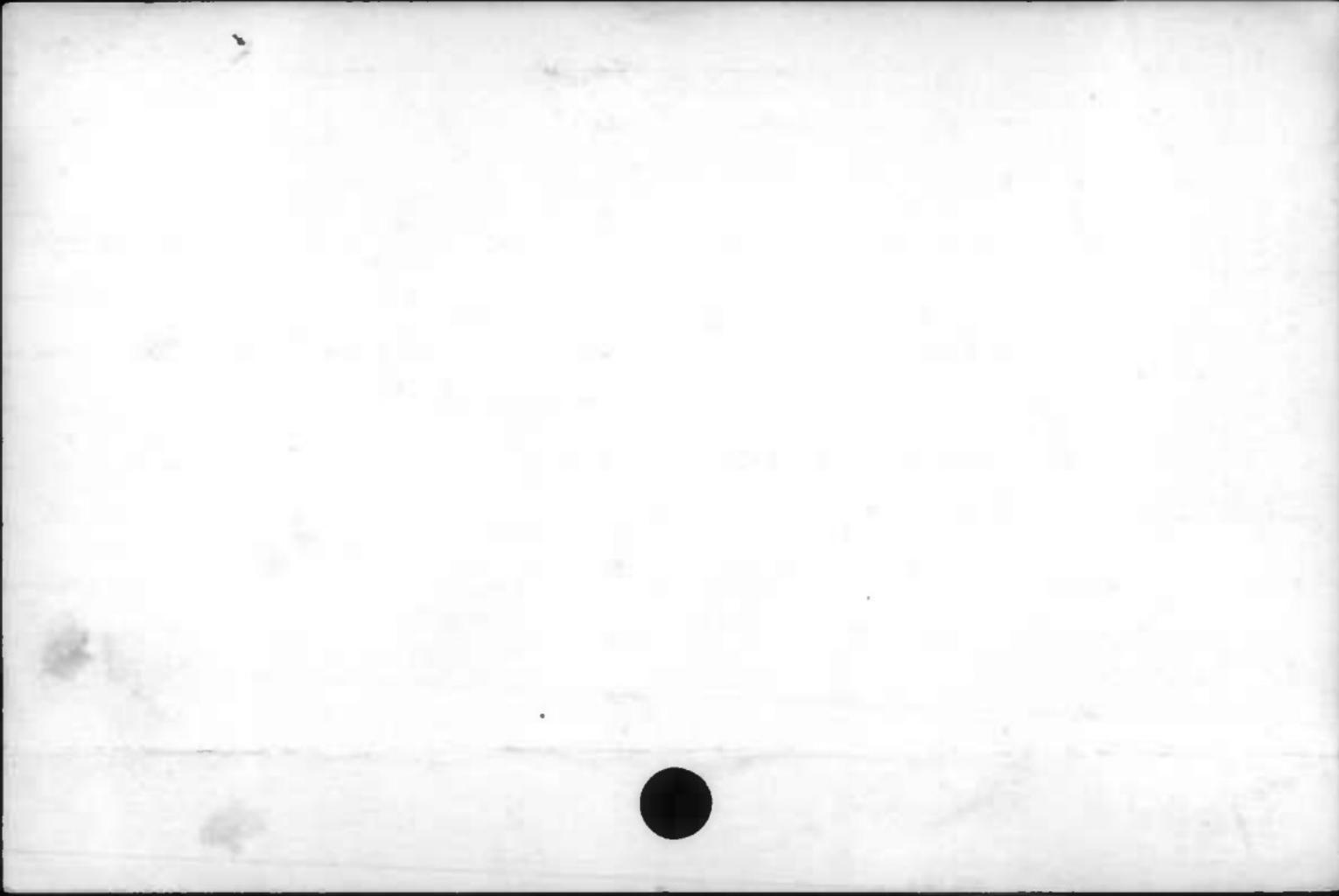
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

How long

Accident or Suicide

B. Queenley  
N. E. M.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Cora B. Etherington

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Mary Cecilton</u>		Town <u>Cecilton</u> County <u>Cecil</u>				
Date of death <u>1908 10th</u>	Month <u>Oct</u>	Day <u>1st</u>	Years <u>29</u>	Age <u>29</u>	Months <u></u>	Days <u></u>
Sex <u>Feminine</u>	Color or Race <u>White</u>	Birth-place <u>Cecilton Co. Md.</u>				
Occupation <u>Invalid</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>William F. Etherington</u>	Father's Birthplace <u>Cecilton, Md.</u>					
Mother's Maiden Name <u>Louisa J. Russell</u>	Mother's Birthplace <u>Cecilton, Md.</u>					
Name of person giving information <u>Mary E. Etherington</u>	How related to deceased <u>Sister</u>					

CAUSES OF DEATH

29

Primary Tubercular Osteomyelitis

How long

8 months

Immediate Surgical Operation

How long

8 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. R. Bradford  
Cecilton, Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mary E Fletcher

County  
Cecil

MARYLAND

Died at  
New Principio

Town

Date  
of death 1908 Month Oct Day 8

Age 45 Years

Months 1 Days —

Sex Female Color or  
Race whiteBirth-  
place Cecil Co

Occupation Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed Married Name of Wife or  
Husband Milton D FletcherFather's  
Name William KirkFather's  
Birthplace unknownMother's  
Maiden Name Estey E BuckleyMother's  
Birthplace "Name of person giving  
Information Milton D FletcherHow related  
to deceased Husband

## CAUSES OF DEATH

120

How long

4 mo.

How long

Primary Albinuria

Immediate Et anemia

Are the name, age, sex, color, date  
and place correctly given above?

Yrs

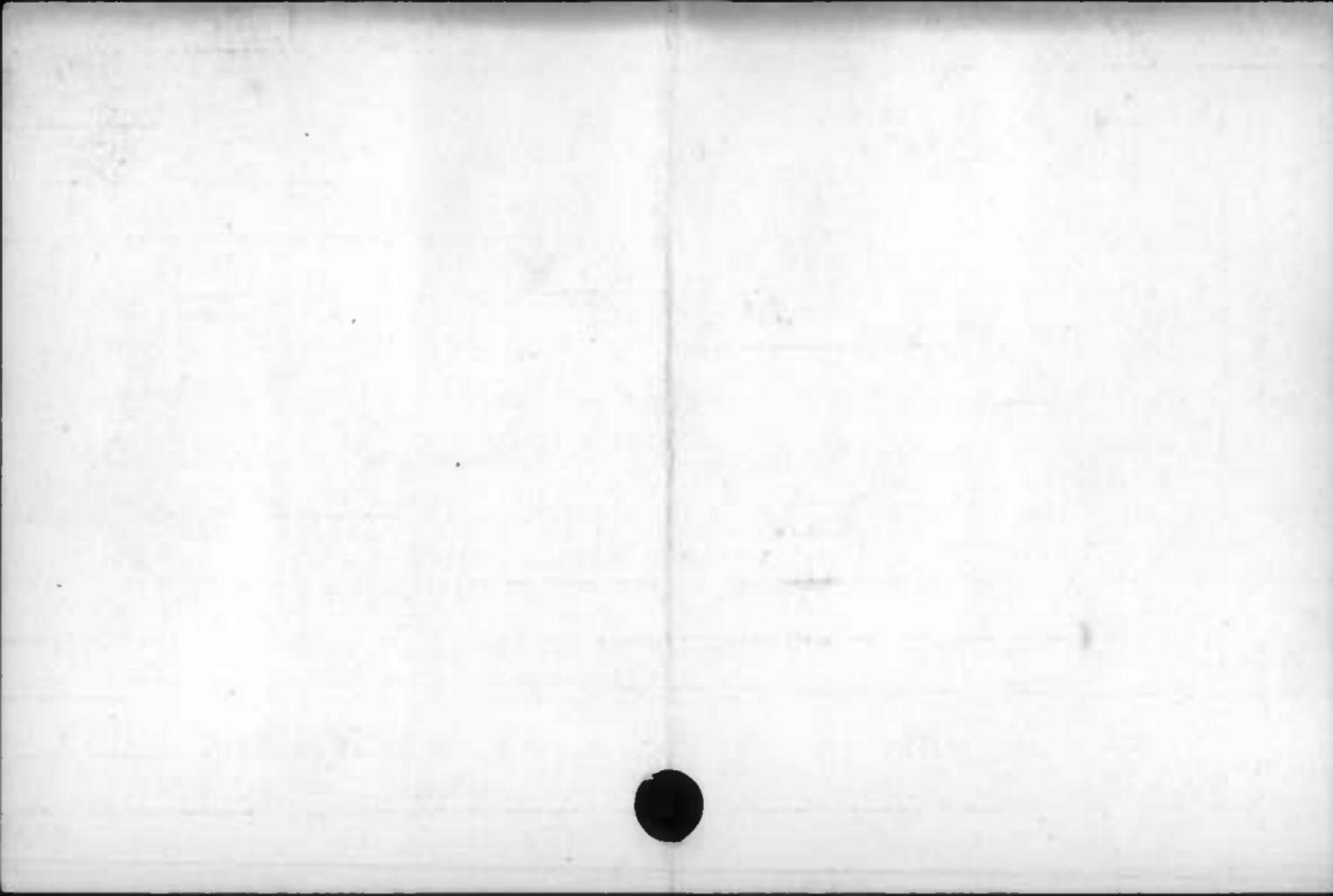
Signature of  
Physician

Address

J. B. Clegg

Henry Sump  
MD

Accident or Suicide?



Name  
in  
Full

William Gumbley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Cherry Hill

Town

County

MARYLAND

Date  
of death

1908

Month

10

Day

2

Years

Age about 82

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Md

Occupation

Millwright

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

John Gumbley

Father's  
Birthplace

Md

Mother's  
Maiden Name

Matthewson

Mother's  
Birthplace

Matthewson

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

120

Primary

Chronic Nephritis

6 mos.

Immediate

Cordia Aschenig

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

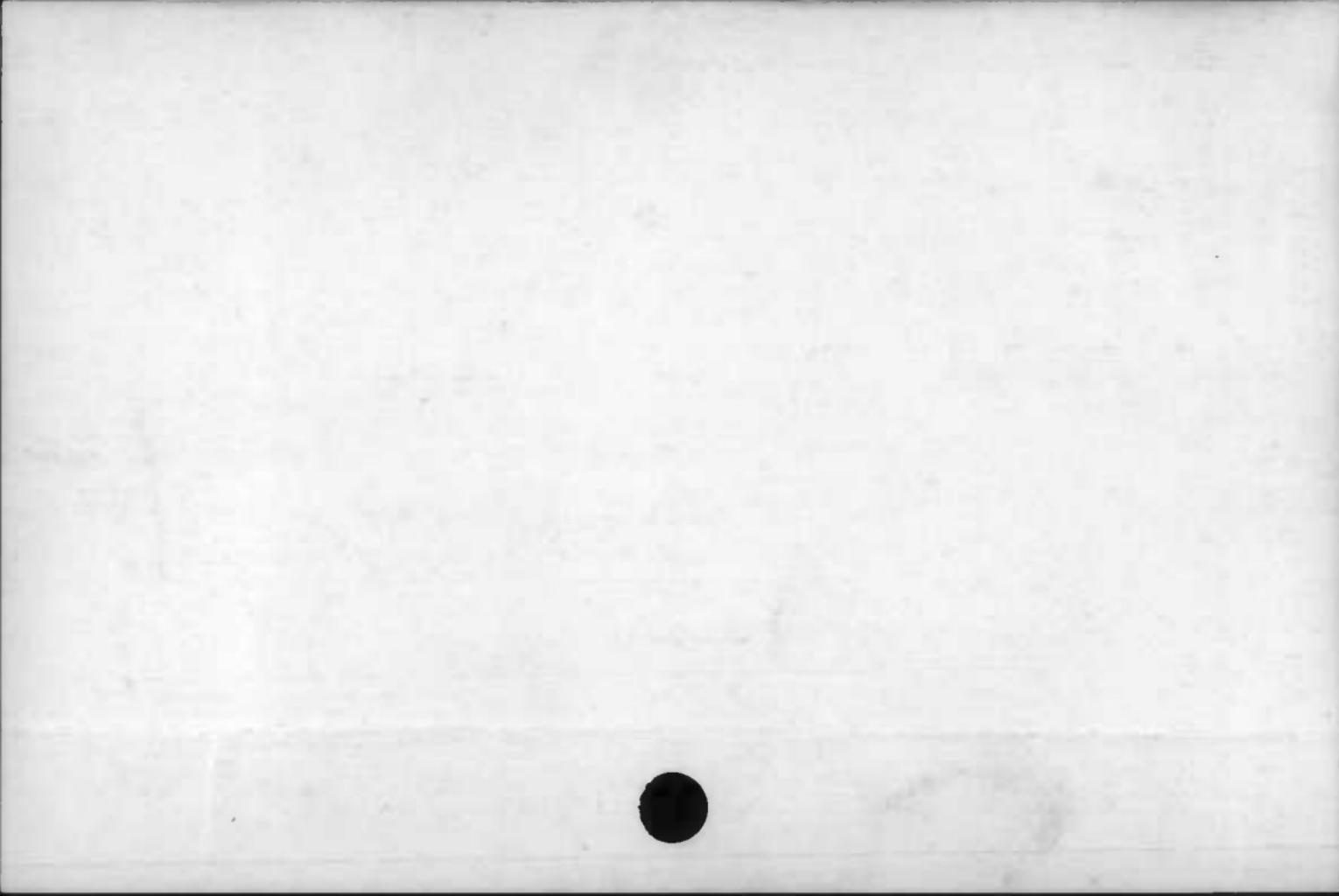
O.P. Carnes M.D.

Accident or Suicide?

Address

Cherry Hill  
Md

I  
PHYSICIAN  
OR CORONER



Name  
in  
Full

Ruth E Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Wm Hall	Father's Birthplace	Elkton	
Mother's Maiden Name	Bessie Fidelity	Mother's Birthplace	Havre de Grace	
Name of person giving Information	Bessie Hall	How related to deceased	Brother	

CAUSES OF DEATH

179

Primary

Manusman

How long

2 months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. Steury  
Princille Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

John Helgesen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Aiken			County	Cecil		
Died at	Month	Day	Years	Months	Days	MARYLAND	
Date of death	1908	10	7	Age	20		
Sex	Male	Color or Race	White	Birthplace	Norway		
Occupation	Tabor			Where Residing if not at place of death	Hamdigraair		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Norway		
Father's Name	Warburg Helgesen			Mother's Birthplace	unknown		
Mother's Maiden Name	unknown			How related to deceased	Brother		
Name of person giving Information	Charles Helgenn						

CAUSES OF DEATH

Primary

Accidental drowning

172

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

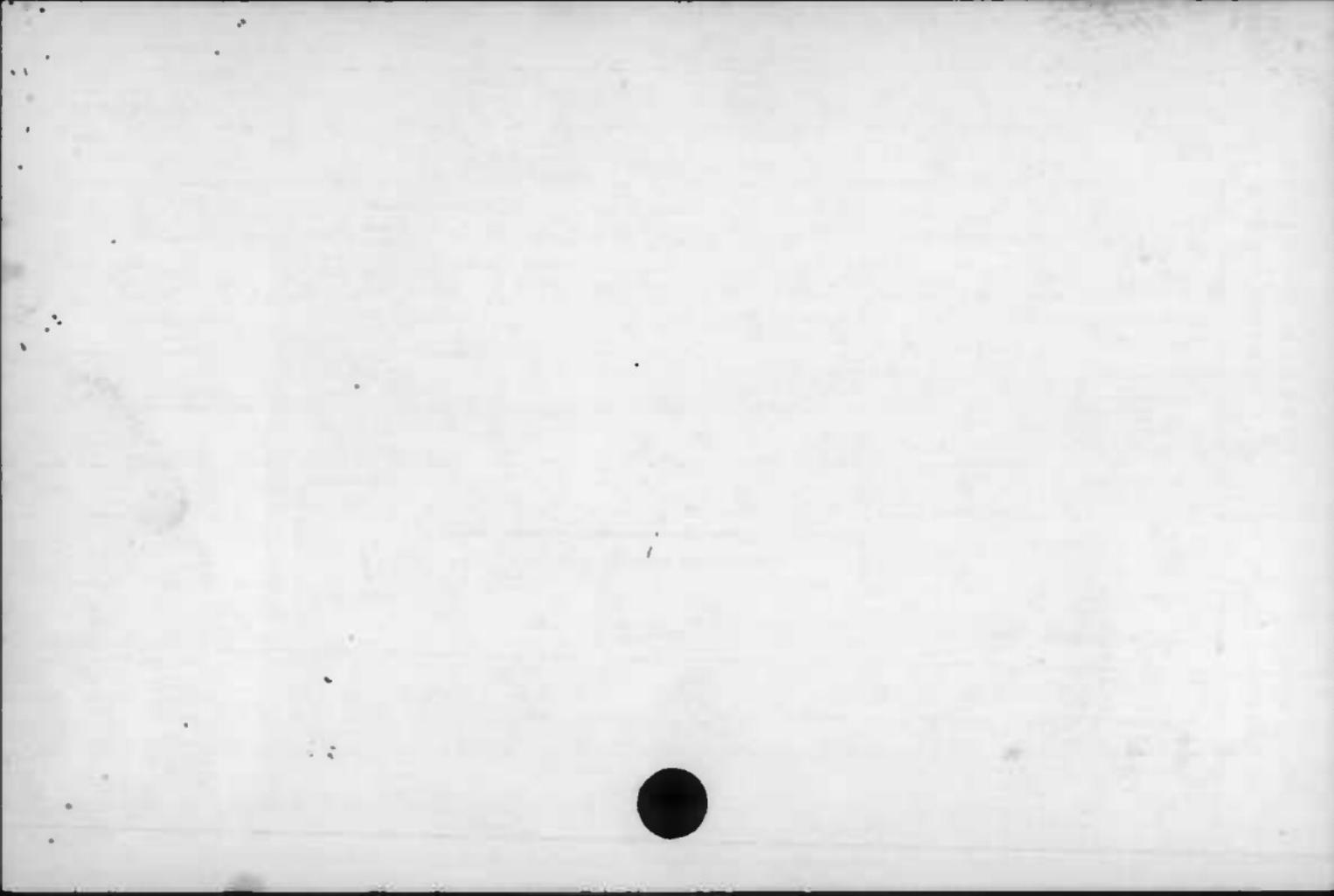
Address

Accident or Suicide

Accident

Frank Frazer Brown  
Easton Md

PHYSICIAN  
OR CORONER



Name  
in  
Full

Rachel Herod

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>own</sup> <u>Bear Port Deposit</u>		County <u>Cecil</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>6</u>	Years <u>56</u>	Months <u>-</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Cecil Co</u>		
Occupation <u>Housekeeping</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>David J Herod</u>			
Father's Name <u>Hubert Preston</u>	Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>			
Name of person giving Information <u>W F Herod</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

Primary

Crush of Stomach

40

How long

3 months.

Immediate

Defatia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Y

Signature of Physician

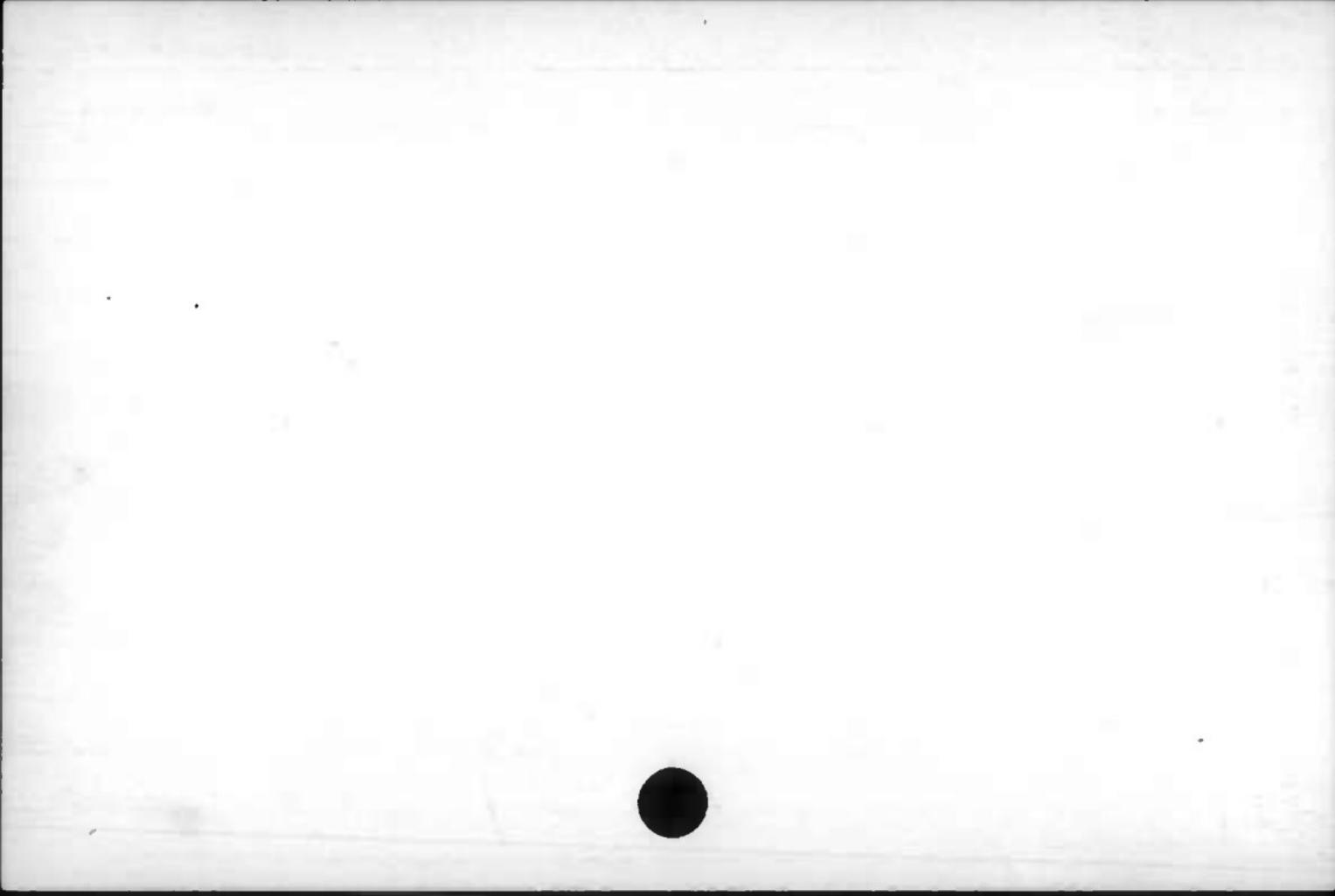
Address

H E Ellman

Bear Port Deposit  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Frances E Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Principio Furnace	Cecil	Months	Days
Date of death	Month	Day	Age	Years
1908	Oct-	5-	68	3
Sax	Color or Race	White	Birth-place	Cecil Co
Occupation	Where Residing if not at place of death			
Housekeeping	Elijah Jackson			
Married, Single or Widowed	Name of Wife or Husband	James Carter		
Widowed	Elijah Jackson	Unknown		
Father's Name	Unknown			
Mother's Maiden Name	Unknown			
Name of person giving Information	Myrtle Dill			

CAUSES OF DEATH

Primary

Cancer of Liver

40

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

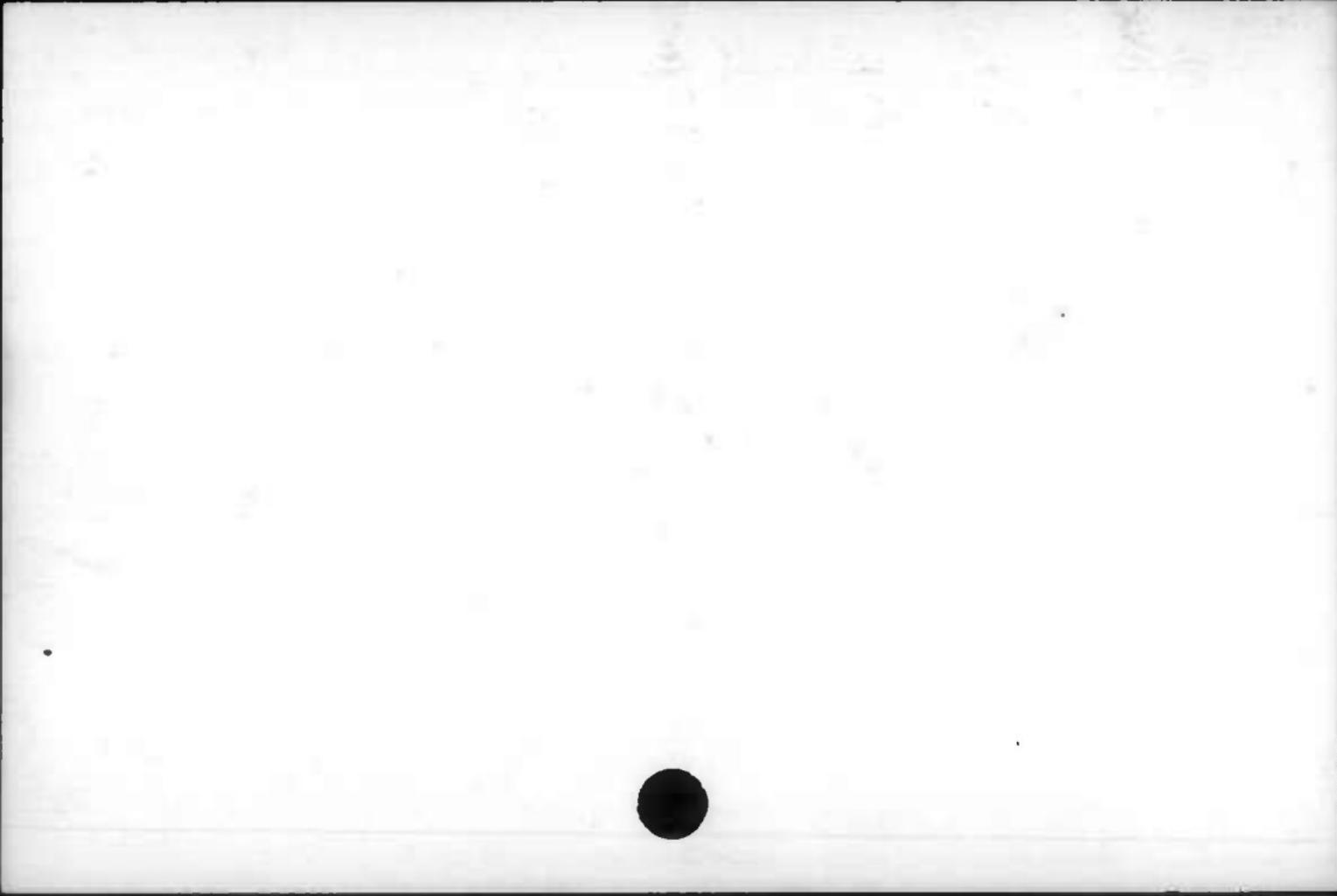
Signature of Physician

Address

Geo W. Flory  
Princille Rd #3

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Mary V Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Oct	Day 4	Age 42	Months	Days
Sex	Female	Color or Race	White		Birth-place	Md
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband	A. Lewis			
Father's Name	James P. Bolles		Father's Birthplace	Del		
Mother's Maiden Name	Mary Wright		Mother's Birthplace	Md		
Name of person giving Information	Mrs. Henry Lewis		How related to deceased	Sister		

CAUSES OF DEATH

79

How long

How long

Primary

Aortic & Mitral insufficiency 10 years

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

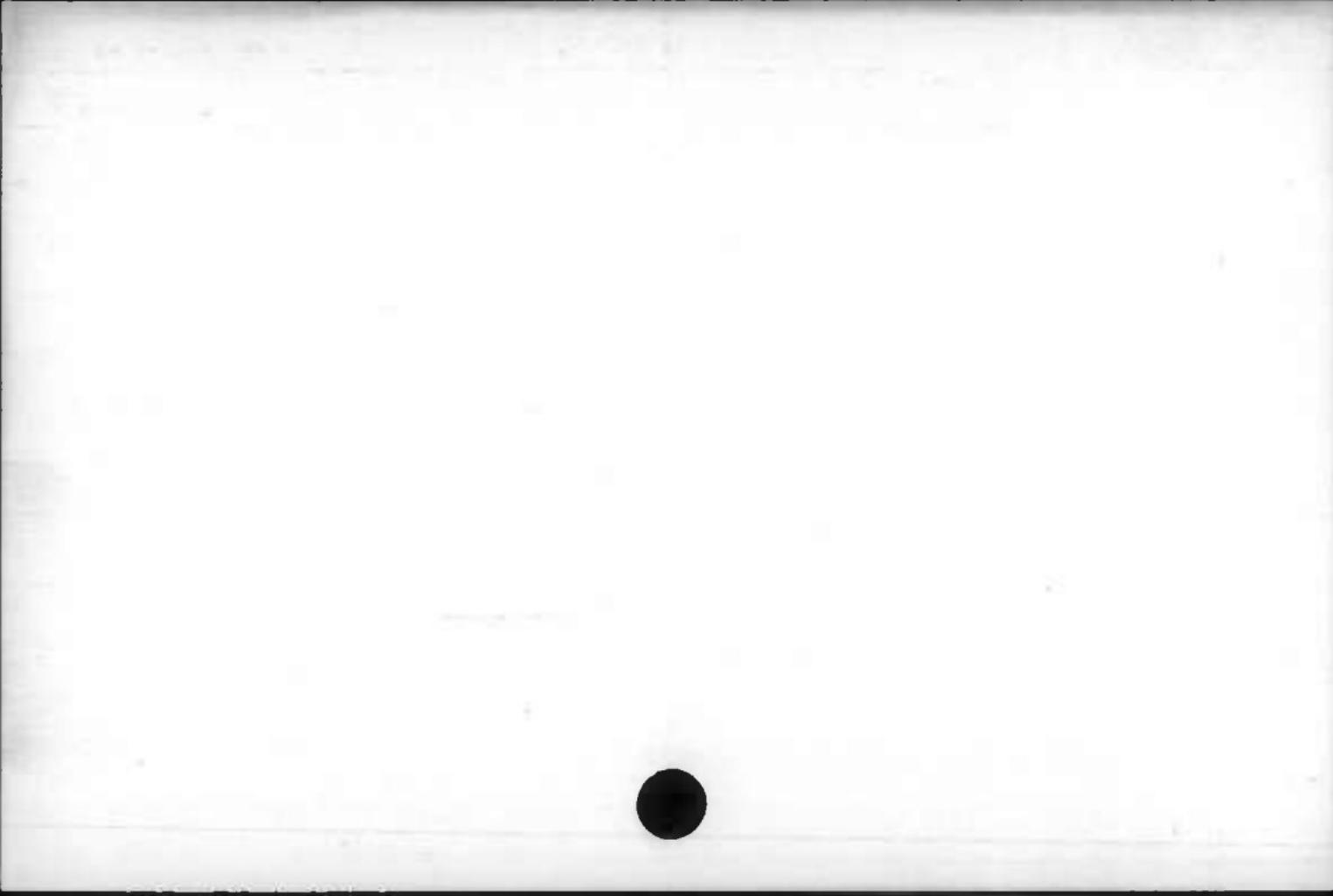
Signature of Physician

Address

Winfield T. Morrison  
Elkton, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Marion M McMullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Colera	Colera	Colera	Months	Days	19
Date of death	Month	Day	Years	Months	Days
1908	Oct	28	Age 24	60	19
Sex	Color or Race	Birth-place			
Female	white	Bear Co Md			
Occupation	Where Residing if not at place of death				
Housekeeper	at Home Colera				
Married, Single or Widowed	Name of Wife or Husband	Arthur McMullen			
Married	Arthur McMullen				
Father's Name	William M Sharpless				
Mother's Maiden Name	Maggie M Maitland				
Name of person giving information	Mr Maggie Sharpless				

CAUSES OF DEATH

27

Primary Acute Pulmonary Tuberculosis 3 mo

Immediate Exhaustion

How long

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

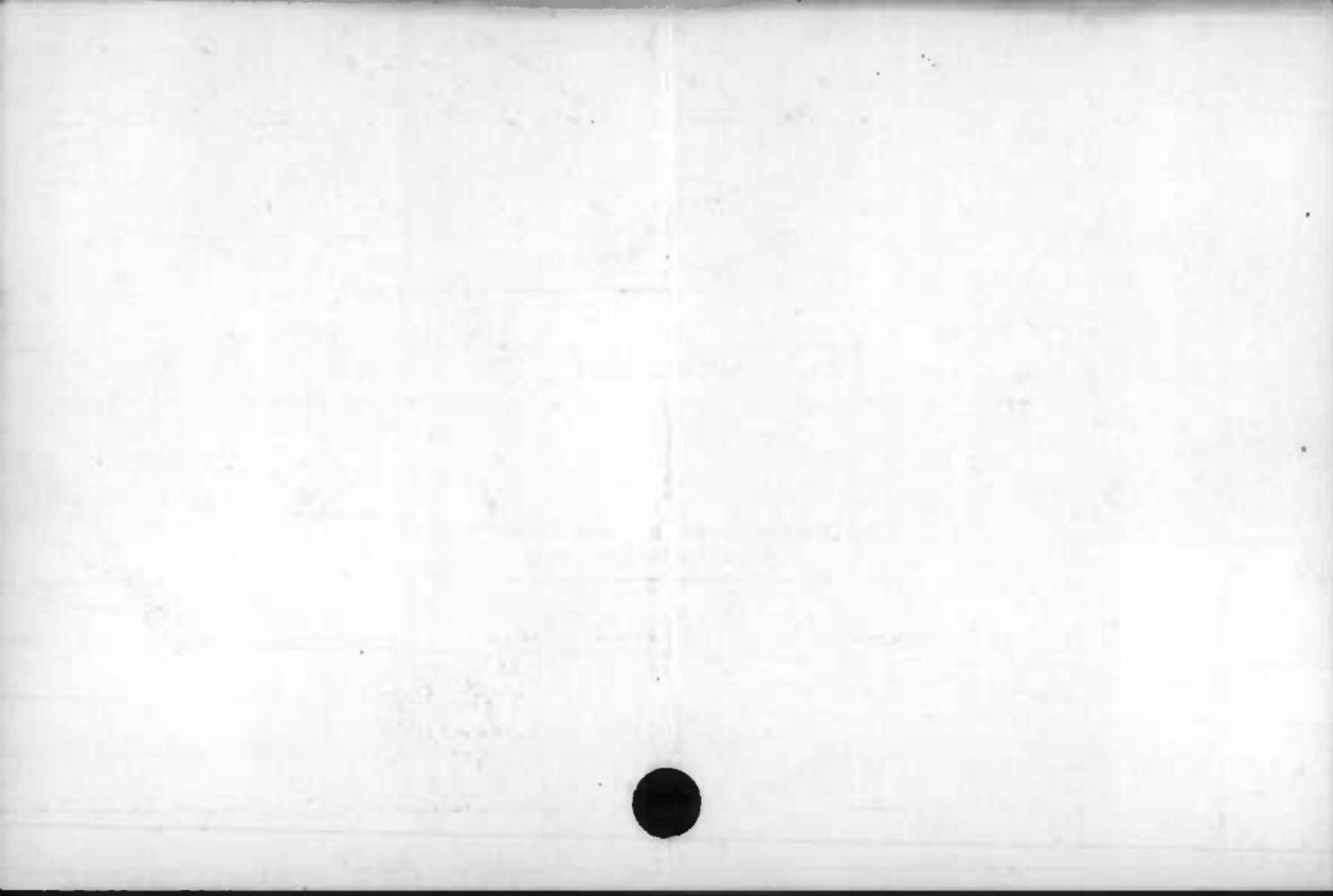
Signature of Physician

Yes

Address

Ernest Rowland  
Liberty Good Md

Accident or Suicide?



Name  
in  
Full

Sarah A Magraw

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Near Cherry Hill		Cecil			
Date of death	Month	Day	Years	Months	Days	
1908	10	17	74	-	-	
Sex	Female	Color or Race	White	Birth-place	Lombard Md	
Occupation	Housewife			Where Residing if not at place of death	Mr Kellys	
Married, Single or Widowed	Widow	Name of Wife or Husband	Emerson Magraw			
Father's Name	John Cuswells			Father's Birthplace	Unknown	
Mother's Maiden Name	Sarah Cuswells			Mother's Birthplace	Lombard	
Name of person giving Information	Mrs Henry Henderson			How related to deceased	daughter	

CAUSES OF DEATH

79

How long

Some time

How long

Primary

Heart Disease

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician  
Address

J. Frank Frayer Corcoran  
Esthur Md

PHYSICIAN  
OR CORONER

Accident or Suicide

-818

Name  
in  
Full

Stanley L Mauldin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Perryville	Cecil				
Date of death	Month	Day	Years	Months	Days
1908	Oct	18	1	4	
Sax	Color or Race	Where Residing if not at place of death	Birthplace		
Male	White	Perryville Md			
Occupation					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Cecil Co.	
Clark Mauldin					
Mother's Maiden Name	Maggie Layman		Mother's Birthplace	"	
Clark Mauldin				"	
Name of person giving Information	How related to deceased		Father		
	71				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dent's Disease

How long

Weeks

Immediate

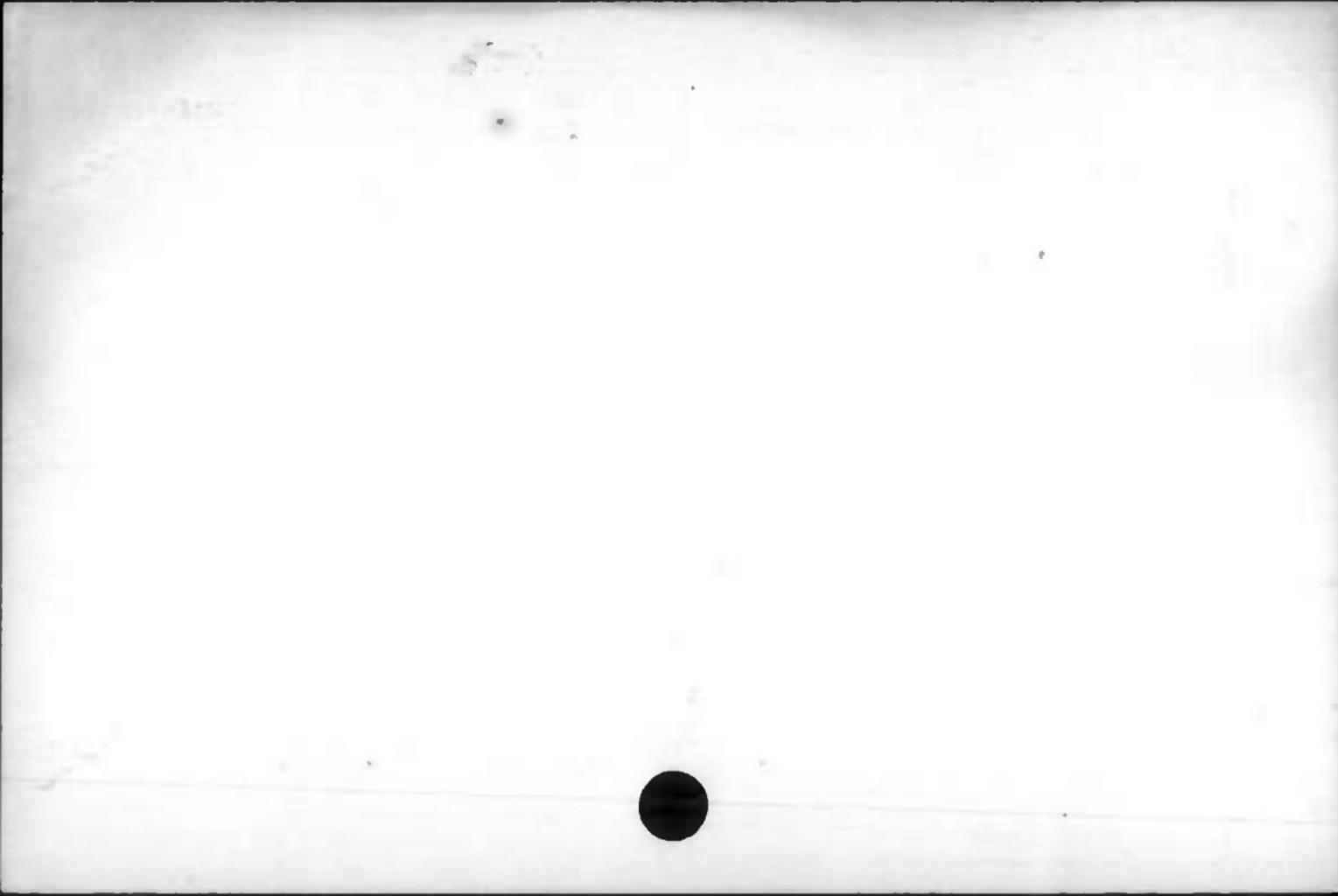
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. W. Henry  
Perryville Md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dorothy Louise Murray  
Town Port Deposit County Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at Port Deposit Month Oct Day 18 Years - Months 6 Days -

Date of death 1908 Sex Female Color or Race White Birthplace Port Deposit

Occupation None Where Residing if not et place of death " "

Married, Single or Widowed Single Name of Wife or Husband None Father's Name Charles W. Murray Birthplace Port Deposit, Md.

Mother's Maiden Name Naomi Dugan Birthplace Port Deposit, Md.

Name of person giving Information Father How related to deceased

CAUSES OF DEATH

(18)

Primary Immediate: Blood Poison How long 3 weeks

Primary Immediate Erysipelas, due to the prick of a pin. How long 10 days.

Are the name, age, sex, color, date and place correctly given above?

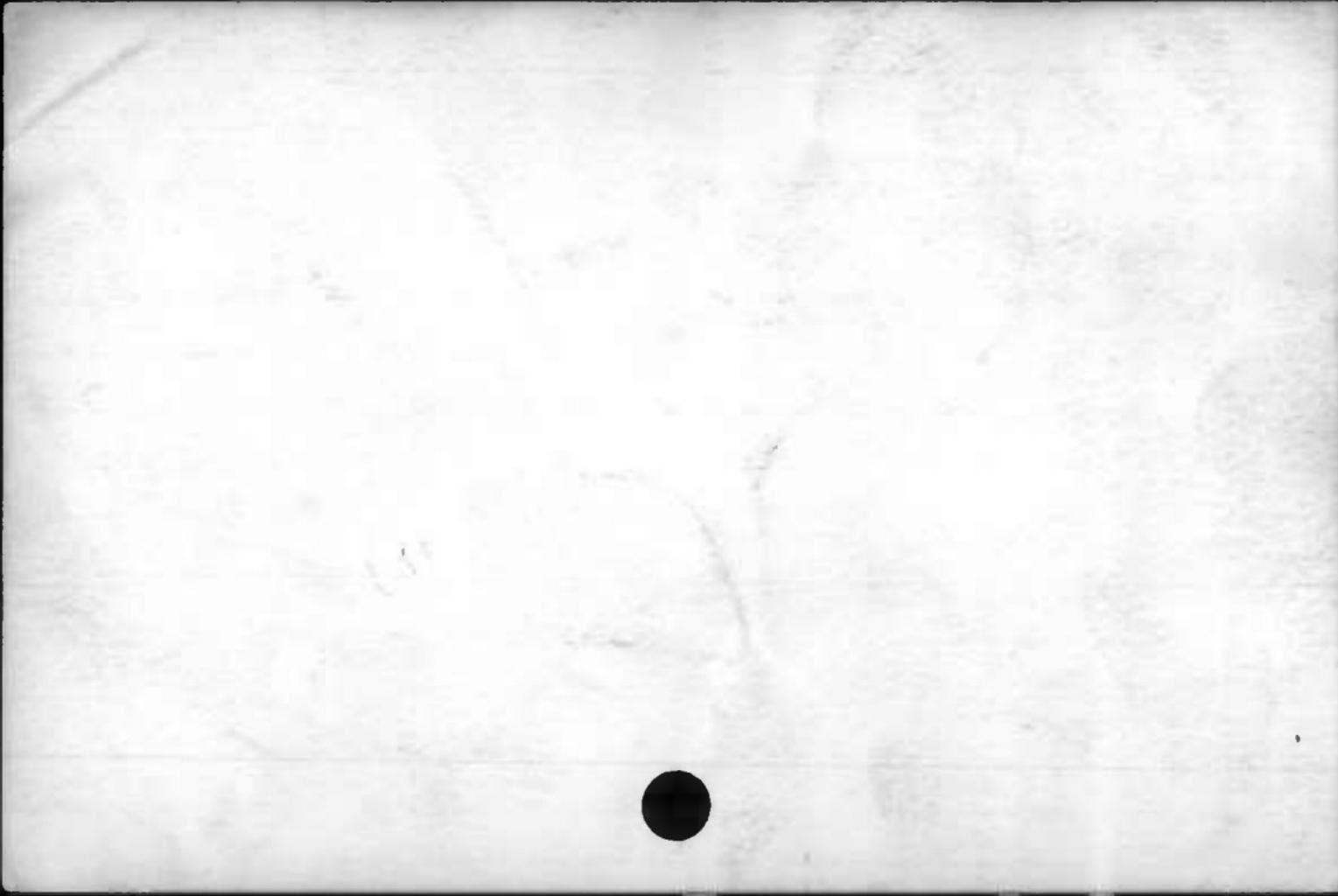
Yes

Signature of Physician

Address

W.B.R. Jordan M.D.  
Liberty Grove  
Maryland

Disease began on lower part of body, and spread over abdomen  
Accident or Suicide and thighs.



Name  
in  
Full

Sarah E Savie

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Oct	8	85
Sex	Color or Race	Age	Months
Female	White	85	0
Occupation	Where Residing if not at place of death	Birth-place	Days
Housewife	Augustine Savie	Bethel Md	0
Married, Single or Widowed	Name of Wife or Husband	Mother's Maiden Name	Father's Birthplace
Single		Not Known	Not Known
Father's Name	Mother's Birthplace	Name of person giving information	How related to deceased
Not Known	Not Known	Sarah Savie	Grand Daughter
Mother's Maiden Name			
Name of person giving information			

CAUSES OF DEATH

(66)

How long

2 months  
Sometime

How long

Primary

General Paralysis

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

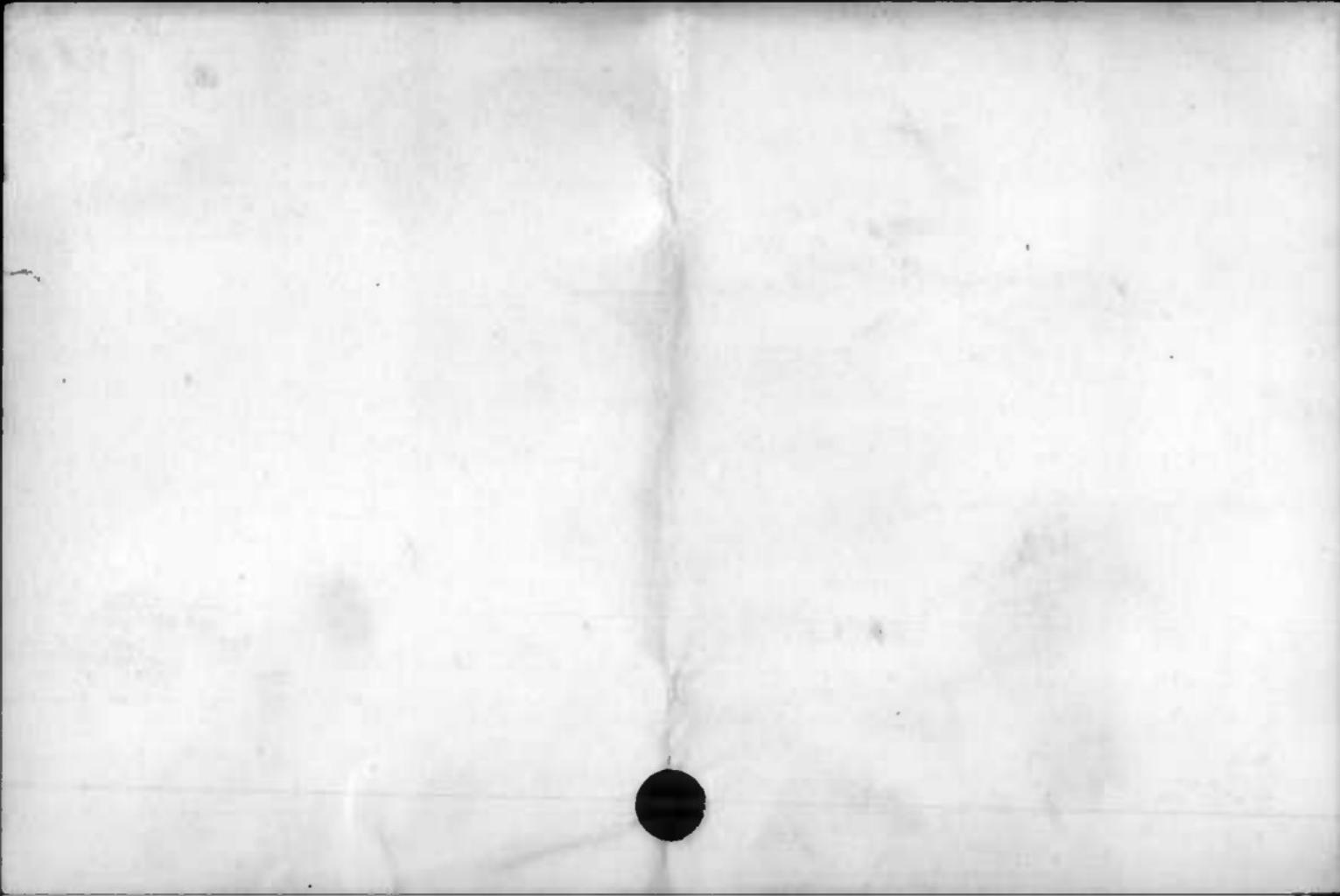
Address

J J Wright  
Warwick Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No



Name  
in  
Full

Sarah Malinda Sentman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	White	Maryland		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	R. L. Sentman	Father's Name	Unknown	
Mother's Maiden Name	Elizabeth Stinchem	Mother's Birthplace	"	"	
Name of person giving Information	R. L. Sentman	How related to deceased	Husband		

CAUSES OF DEATH

155

Primary

Carbonic Gas or Poisoning

Immediate

Are the name, age, sex, color, date and place correctly given above?

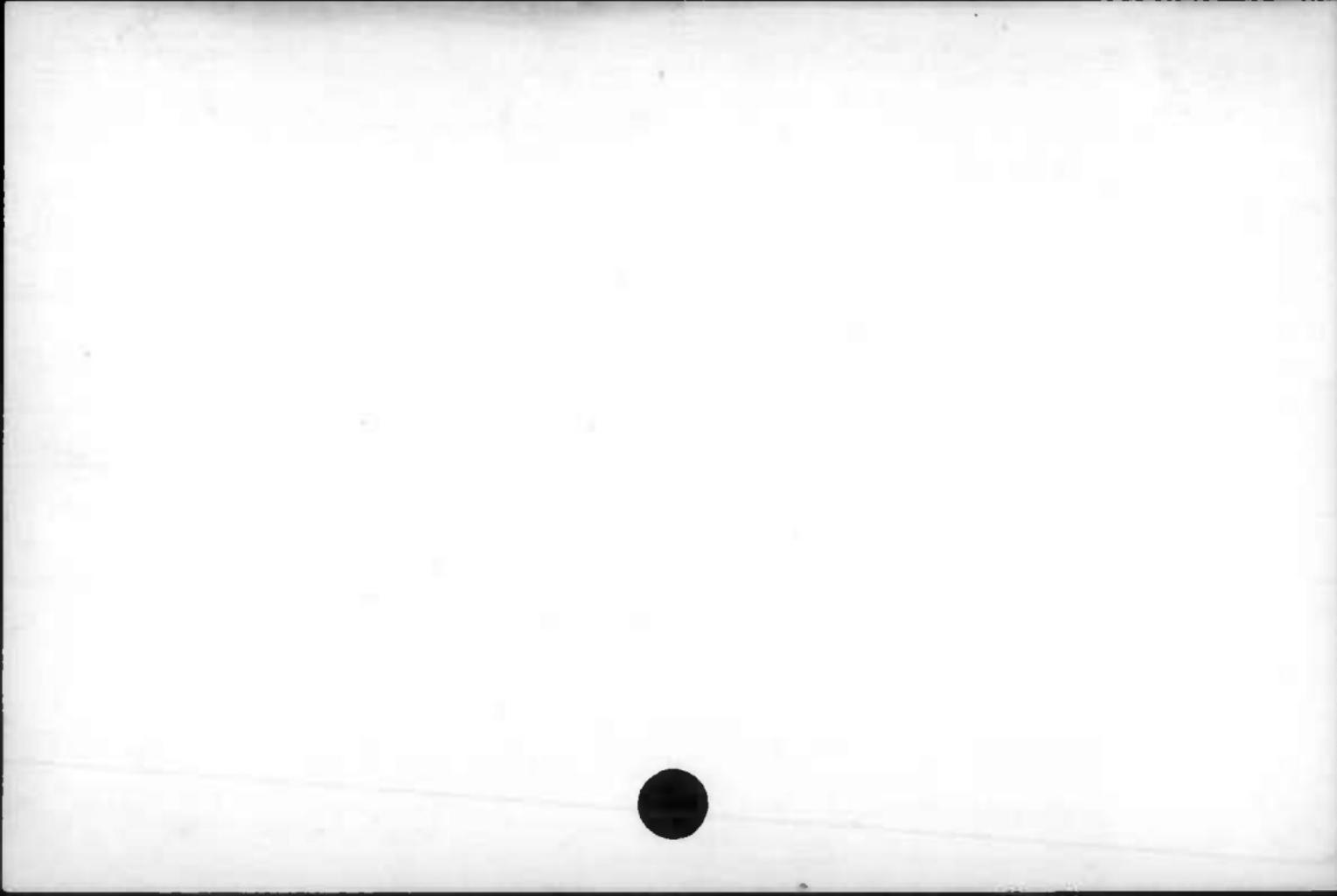
Signature of Physician

Address

Dr W. Stinchem  
Ponyville MD

Accident or Suicide, supposed to be suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

John Sice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died	Town	County	MARYLAND
Date of death 1908	Month Oct.	Day 17	Years 80
Sex Male	Color or Race White	Birth-place Ireland	Months —
Occupation Labor	Where Residing if not at place of death Post Reponit	Days —	
Married, Single or Widowed Wedgeworth	Name of Wife or Husband Mary Sice	Father's Birthplace Ireland	
Father's Name Unknown	Mother's Birthplace Ireland	Mother's Maiden Name Unknown	
Name of person giving Information James Sice	How related to deceased Son		

CAUSES OF DEATH

66

How long

4 days

How long

Primary

Pneumonia

Immediate

Hunt Gordon

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

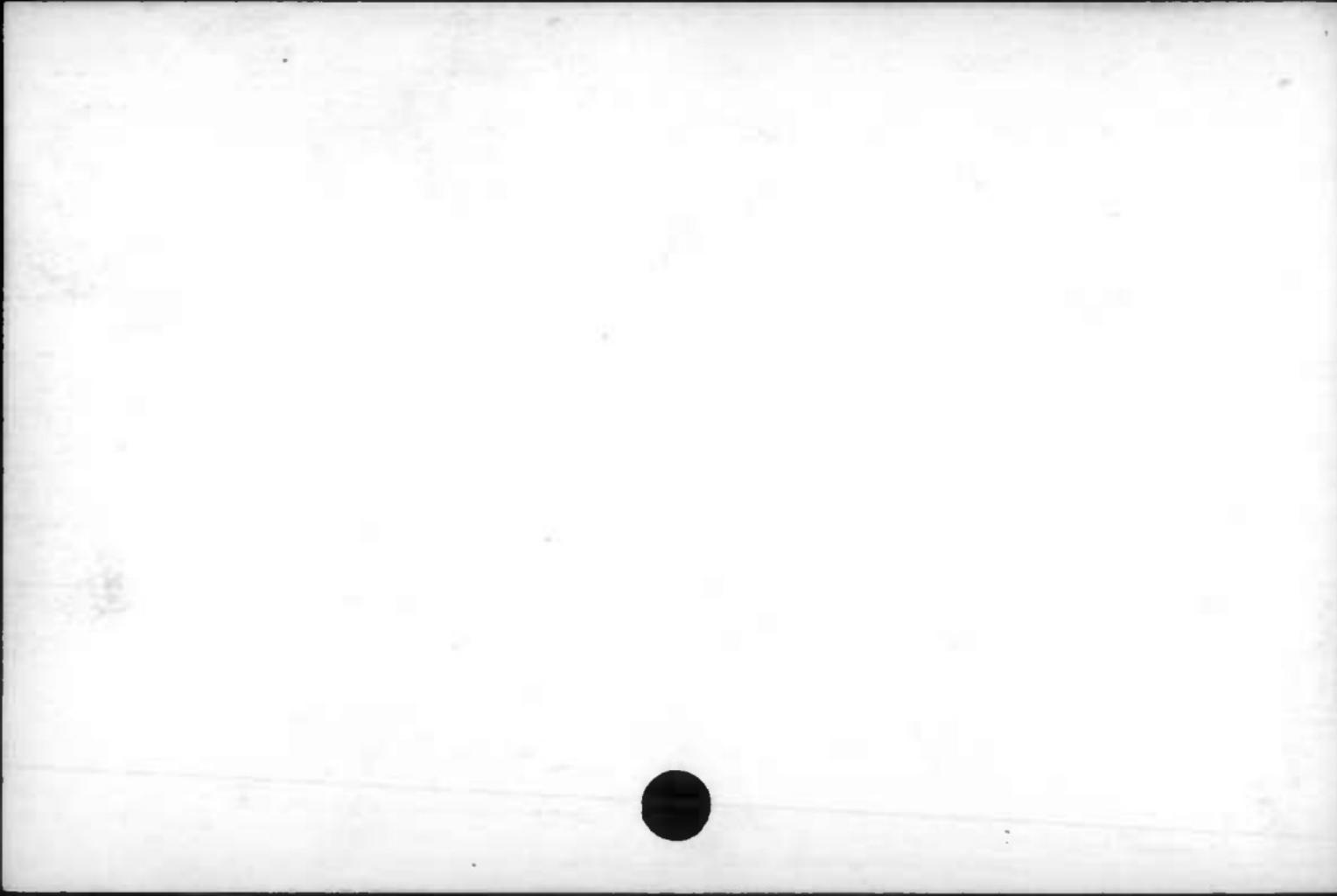
Address

H D Clunow

York Leprosy Col.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Ayna Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Perryville	Cecil		Month	Years	Months
Date of death 1908 Oct -	3	Age	—	—	21 Days
Sex Female	Color or Race	white	Birth-place	Perryville	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Stewart-Smith				
Mother's Maiden Name	Augustis Keesey				
Name of person giving Information	Stewart-Smith				

CAUSES OF DEATH

151

How long

8 weeks.

How long

PHYSICIAN  
OR CORONER

Primary

Incarceration -

Immediate

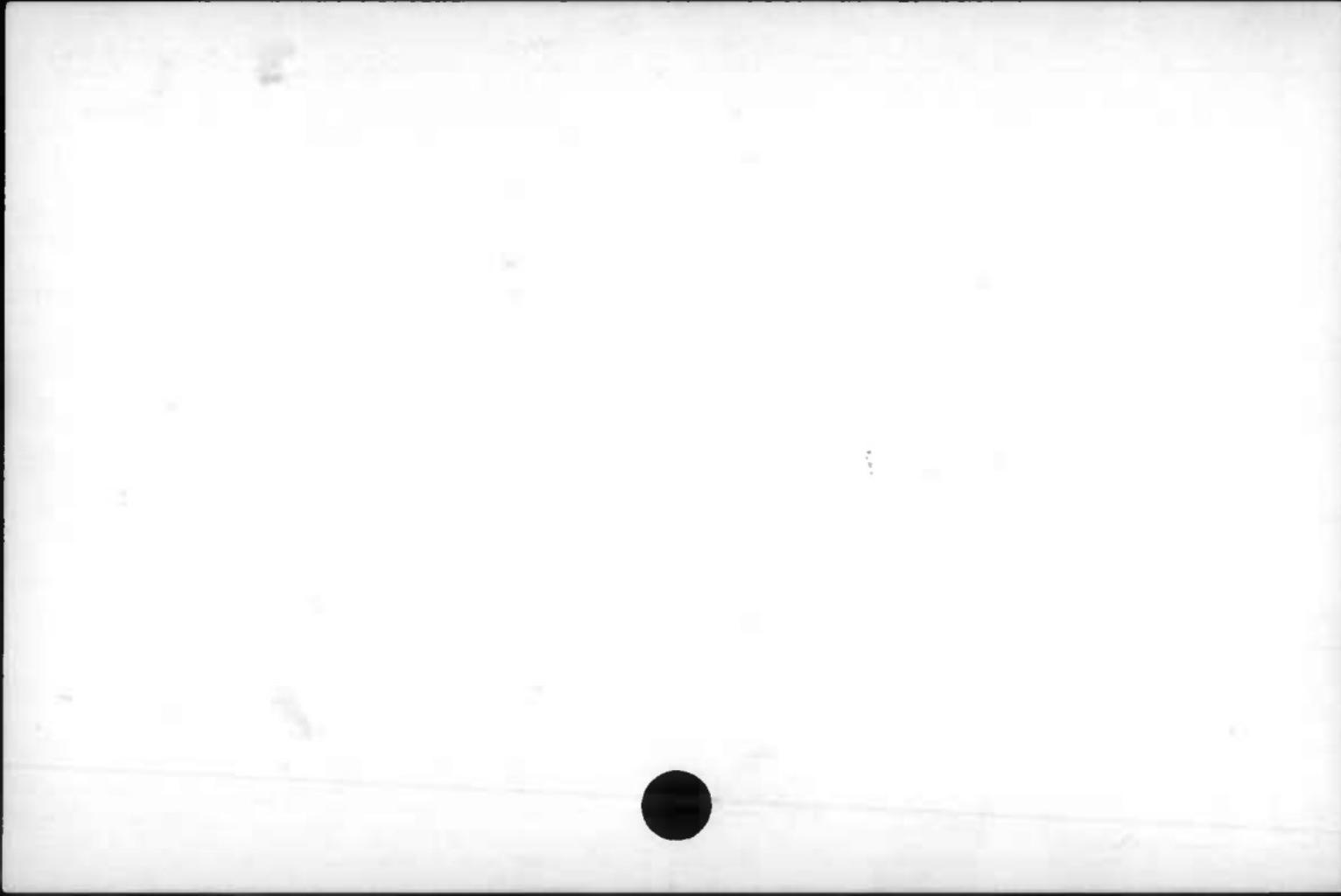
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Dr. W. Henry  
Perryville Md.

Accident or Suicide



Name  
in  
Full

Margaret Stevrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Rock Springs		Baltimore			
Date of death	Month	Day	Years	Month	Days
1908	10	14	Age 47	-	-
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	Housekeeper		Where Residing if not at place of death	-	-
Married, Single or Widowed	Single	Name of Wife or Husband	-	Father's Birthplace	Md
Father's Name	James Stevrett		-	Mother's Birthplace	Md
Mother's Maiden Name	Margaret M. Stevrett		-	How related to deceased	
Names of person giving Information					

CAUSES OF DEATH

42

Primary

Cancer of womb

How long

1 yr

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

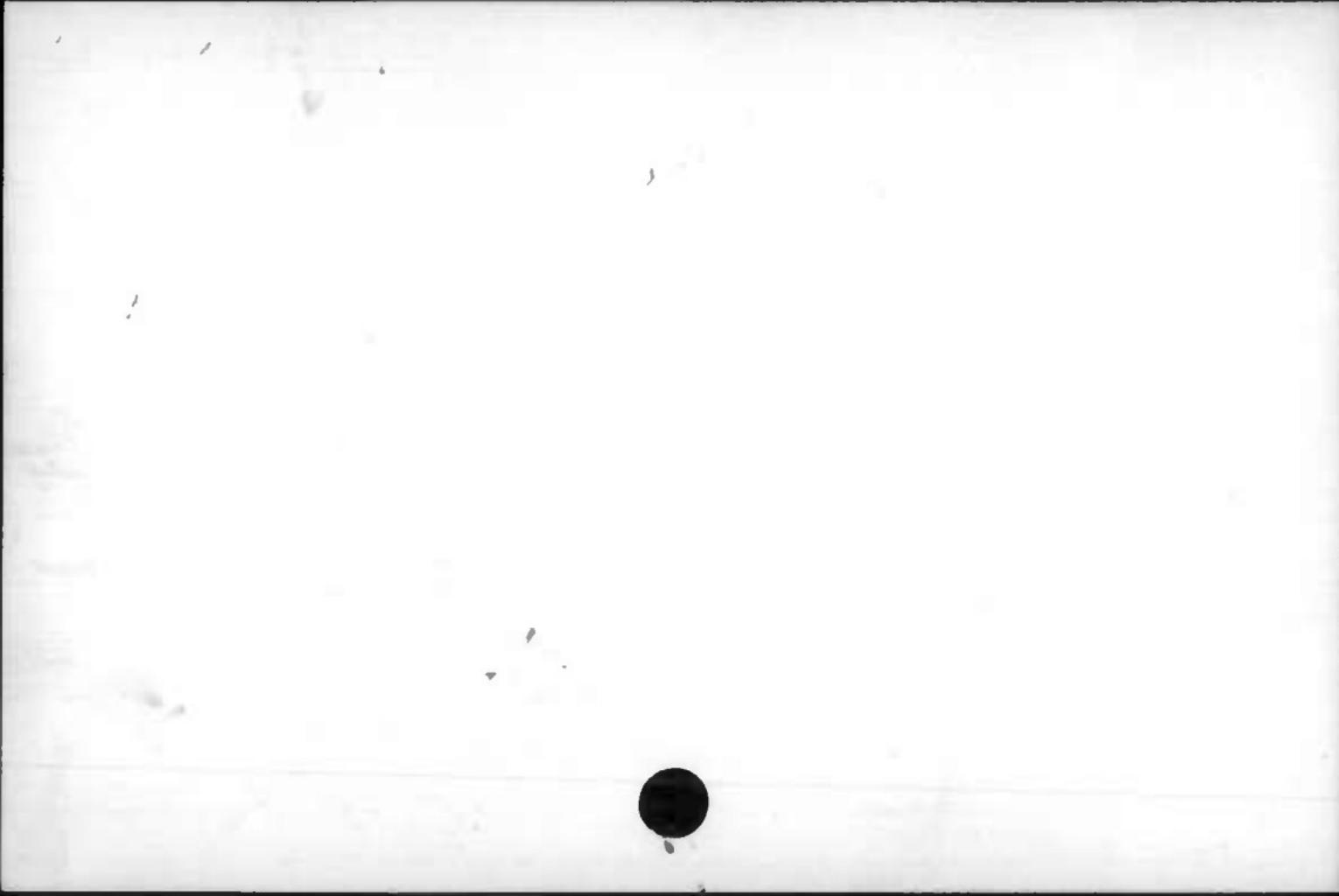
Address

J. H. Peeples M.D.  
Peter's Creek

(H. A. W. W. & Co., Inc. and the other offices)

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Anthony Tildon.

CERTIFICATE OF DEATH

Died at Post-Deposit - County Cecil MARYLAND  
Date of death 1908 Oct 1 Month Oct Day 2 Years Age 28 Months - Days -

Sex Male Color or Race Colored Birth-place Post-Deposit  
Occupation Labourer Where Residing if not et place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Solomon Tildon

Father's Birthplace Cecil Co

Mother's Maiden Name Charlotte Johnson

Mother's Birthplace Baltimore

Name of person giving Information Eliza Thomas

How related to deceased Sister

CAUSES OF DEATH

27

Primary

Tuberculosis.

How long

Immediate

-

How long

Are the name, age, sex, color, date and place correctly given above?

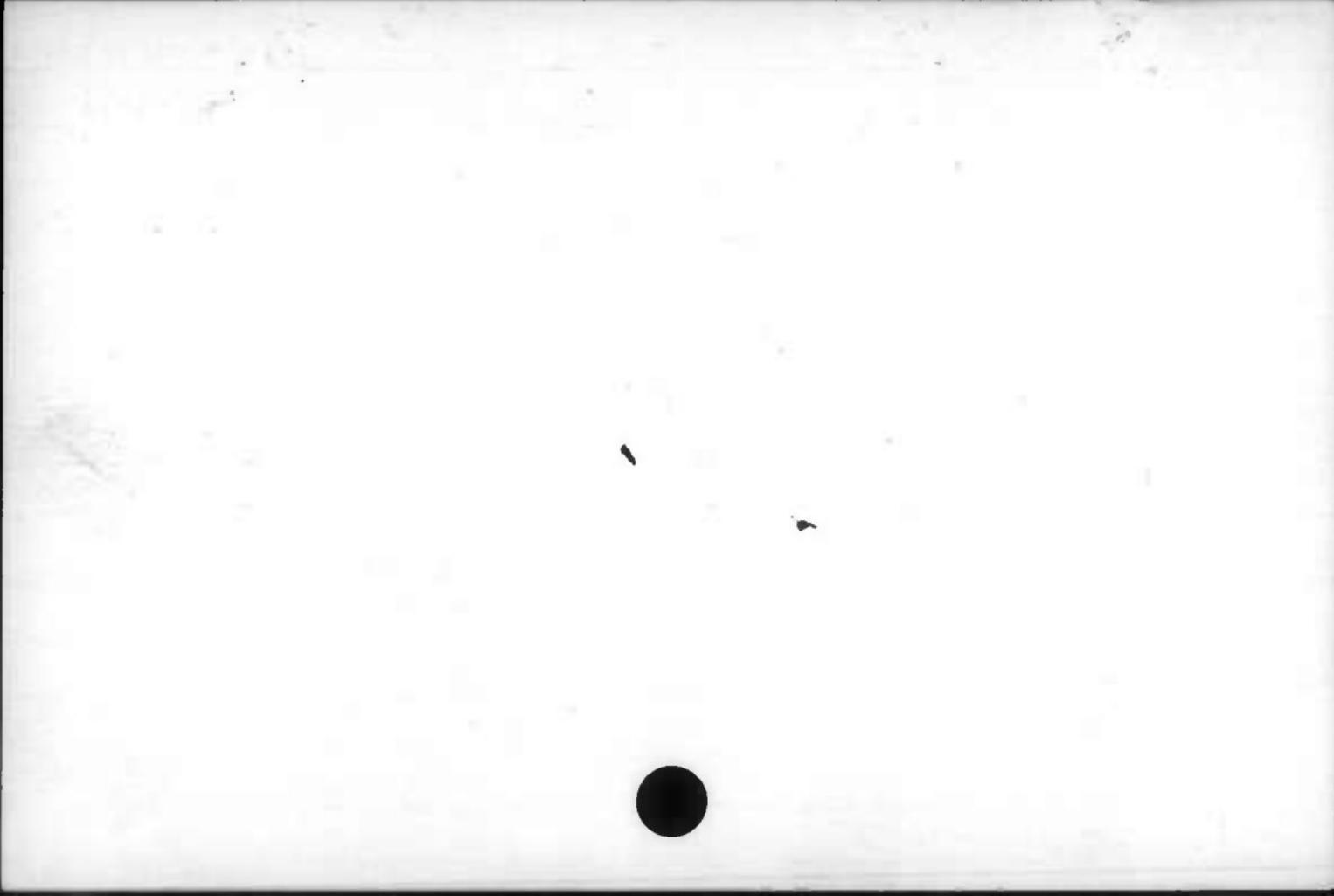
Yes

Signature of Physician

H. E. Clemon  
Pathologist

Address

Accident or Suicide



Name  
in  
Full

Harriett Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at Perryville	Cecil		MARYLAND	
Date of death 1908 Oct - 25 -	Month	Day	Years	Months
Age 4			Days	
Sex Female	Color or Race	White	Birth-place	Perryville
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name Harry W Todd	Father's Birthplace Cecil Co			
Mother's Maiden Name Claude Gunnison	Mother's Birthplace Baltimore Ind			
Name of person giving information Claude Todd	How related to deceased Mother			

CAUSES OF DEATH

146

How long

days

How long

PHYSICIAN  
OR CORONER

Primary

Master's disease

Immediate

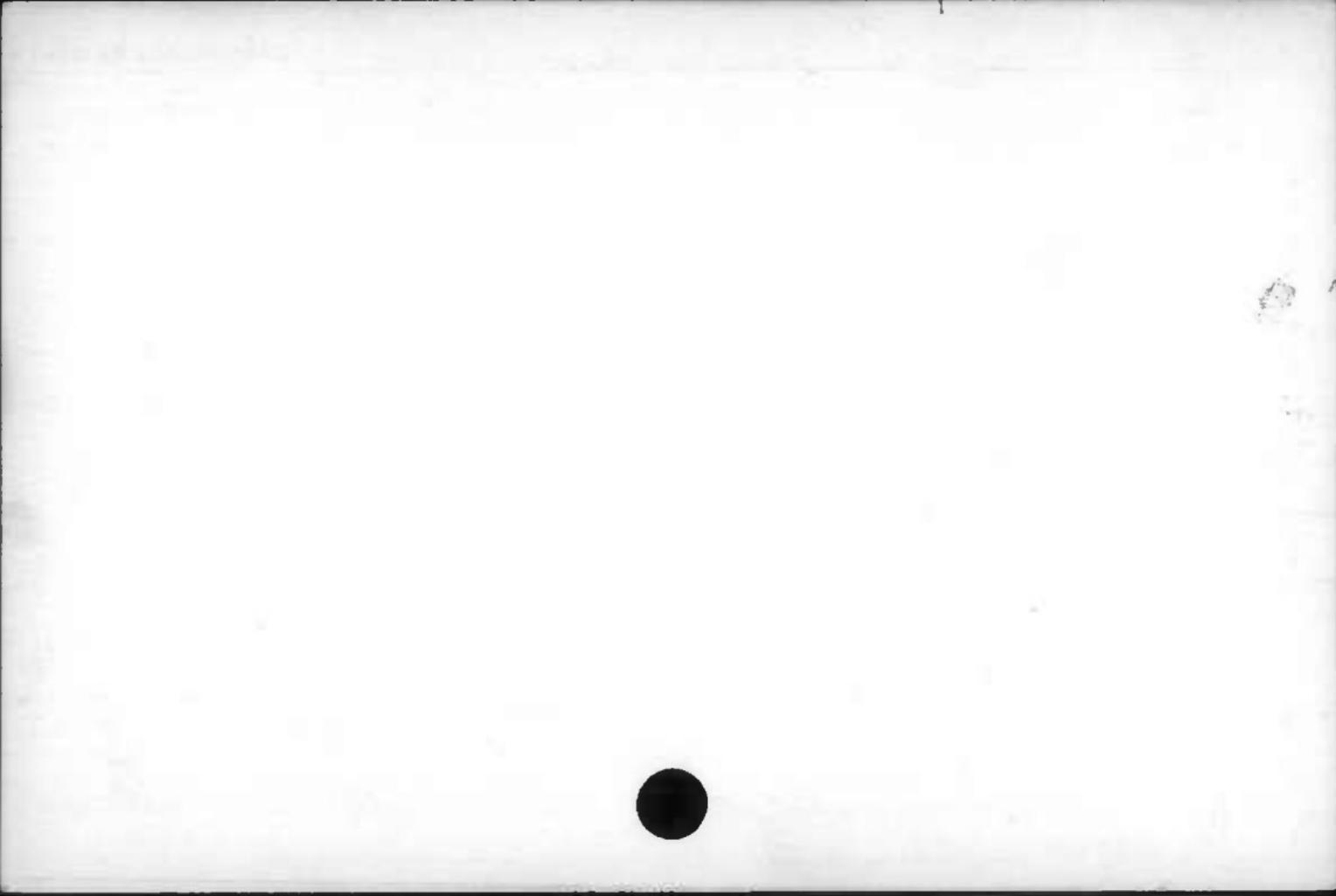
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. W. Flannery  
Perryville Md

Accident or Suicide



Name  
in  
Full

Hannah M. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Elkton		Cecil			
Date of death	1908	Month 10	Day 27	Age 73	Years	Months -
Sex	female	Color or Race	white	Birth-place	Md.	
Occupation	H.W.	Where Residing if not at place of death -				
Married, Single or Widowed	Widowed	Name of Wife or Husband	George Wilson	Father's Birthplace	Md.	
Father's Name	Oliver McCullough			Mother's Birthplace	Md.	
Mother's Maiden Name	Elizabeth Leedham			How related to deceased	Son	
Name of person giving Information	Cyrus Wilson					

CAUSES OF DEATH

92

Primary

Catarrhal Pneumonia

How long

10 days

Immediate

[Redacted]

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

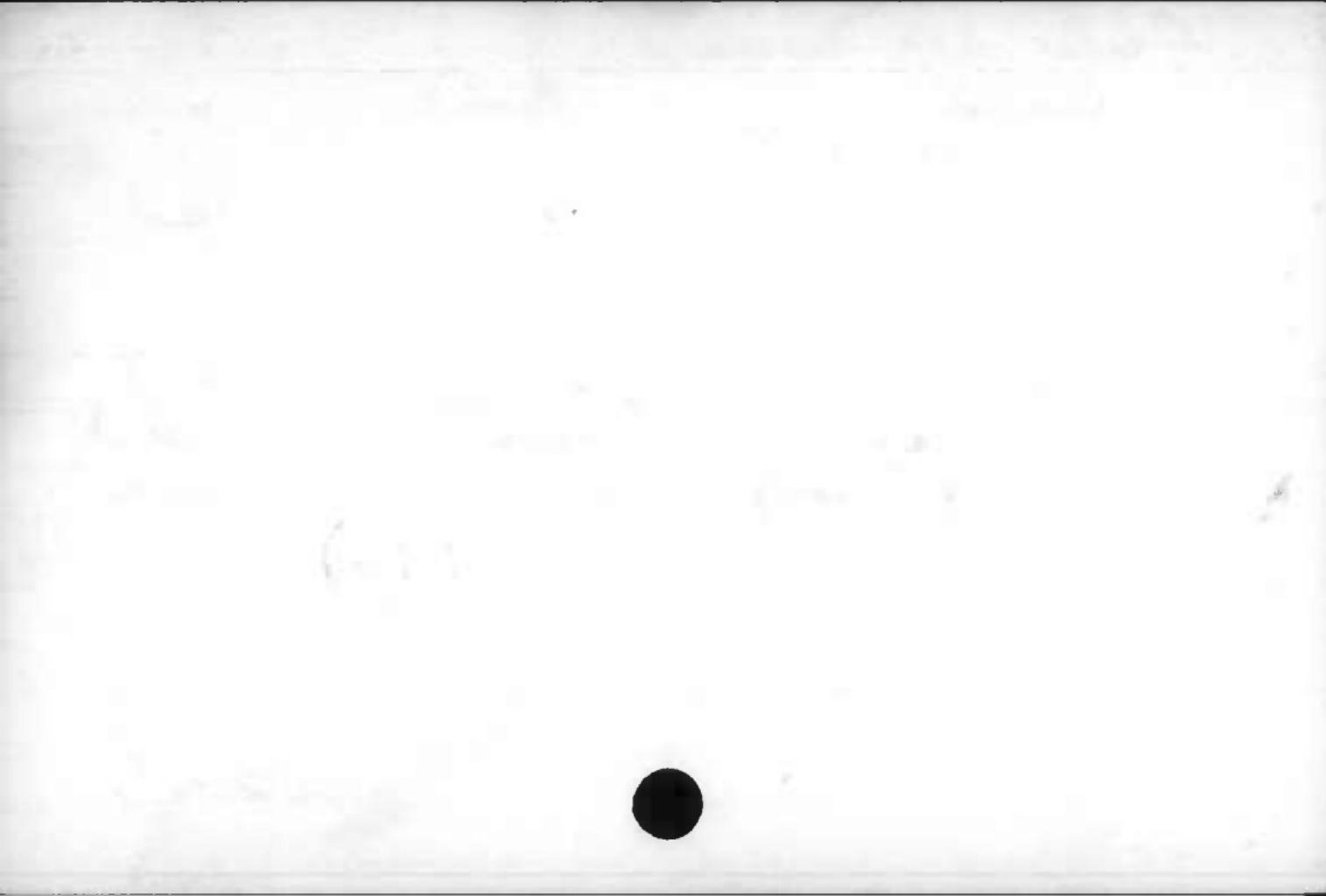
Address

H. Arthur Mitchell Jr.

Elkton Md.

PHYSICIAN  
OR CORONER

Accident - Suicide



Name  
in  
Full

Child Not Named

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Cecilton</u>		Town	<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>10</u>	Day <u>10</u>	Age	Years	Months <u>2</u>	Days <u>6</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>			Birth-place	<u>Md</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Geo. E. Joyce.</u>		Father's Birthplace	<u>Md</u>		
Mother's Maiden Name	<u>Mary F. Thompson</u>		Mother's Birthplace	<u>Md</u>		
Name of person being informed	<u>Sister &amp; Grandmother</u>		How related to deceased	<u>Irish</u>		

CAUSES OF DEATH

151

Primary

Measles

How long

Borella

Immediate

"

How long

E. N. Bradford

Cecilton

Signature of Physician

Address

Accident or Suicide?

